

THE TOWN OF GHEEL, IN BELGIUM, AND ITS INSANE ;

OR, OCCUPATION AND REASONABLE LIBERTY FOR LUNATICS.*

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"Il n'est muraille que de os." The inhabitants themselves are the best walls.—Rabelais.

THE Gheel of to-day can be understood only by knowing the Gheel of the past. In its essential principle of freedom for the insane, Gheel has never changed. What it was one hundred or five hundred years ago it is now. The kindly nature, the inherited instincts, the tact and the practicality of the inhabitants, have ever been the only walls which have encompassed its colony of insane, numbering many hundreds. Lunatics wander at will through the streets and mingle in the daily routine of the home life, enjoying the same privileges apparently as citizens enjoy.

And this has been the case for centuries. In a historical retrospect, then, we shall find the key-note to the "Gheel idea" carried out even now in our own times.

In the seventh century, so the legend runs, a certain Dymphna, daughter of an Irish king, having enraged her father by adopting the Christian faith, fled from his vengeance to the then far-away land of Belgium. There, in the

* Read at a meeting of the the New York Neurological Society, January 4, 1881.

little hamlet of Gheel, she, together with the priest Gerebernus, sought and found refuge with a band of Christian brothers who had collected in this remote corner, and had erected in the solitude a little chapel dedicated to St. Martin, an English missionary. But Dymphna's father, with a band of retainers, followed, and, as the quaint language reads, "devoured by an ungovernable rage," beheaded her. In a little shrine at Gheel, set deep into a wall on the corner of the main street in the town, we may see, carved in wood and of life size, a group of figures vividly calling this scene to mind. The daughter on her knees awaits the stroke, the father stands with upraised sword, while just behind and waiting to receive him, the devil, with veritable hoof, tail and horns, and painted ebony black, is rising up from out a cleft in the ground.

Many miraculous incidents attended the maiden's death, and hence she became St. Dymphna, the patroness of all who prayed to be delivered from insensate acts;* or, if we follow another line of tradition, a number of insane who were witnesses of the young Christian's murder, were suddenly and miraculously cured of their malady, and hence St. Dymphna was considered to have the power of curing those who had a mental disorder.

Here, springing from out the mists of the seventh century, is all we shall probably ever know of the origin of this most famous colony of the insane in the world,—a colony which has ever shone and still shines a beacon light to all progress toward a humane treatment of mental alienation.

Be the facts concerning the Irish king's daughter as they

* "However sad may be one's state, the name of St. Dymphna has never been invoked in vain; but since she courageously resisted and vanquished the insensate love and fury of her father, she has been established by God as a special patroness against every species of madness; moreover, the miracles performed at Gheel in the cure of the insane have made this fact sufficiently well known." Translated from *Legende der Martelaren van Gheel* SS. Dymphna en Gerebernus. Antwerpen, 1860. pp. 66. Exercises of devotion at present in use in the Church of St. Dymphna.

may, certain it is, from existing records, that in the eleventh and twelfth centuries crowds of insane were conducted by their friends to the shrine of St. Dymphna, where they remained days and months awaiting the result of the pious intercessions made in their behalf. The principal curative measure was the *neuvaine* or nine days' prayer, during which the priests, singly and in procession, solemnly proceeded to exorcise the demon which was supposed to possess the unfortunate madfolk.

In 1340 was completed a beautiful church commemorative of St. Dymphna and the incidents of her death, and erected on the site where formerly stood the little chapel of St. Martin. Here Dymphna's bones and many relics were guarded in state and conveniently arranged for pilgrims to pray before, while votive tablets set in the walls bespoke the numerous miraculous cures effected. Chapels, shrines and crosses marked other historical spots in the town; in short, no effort seems to have been spared to foster the tradition which brought inhabitants to the place, money to the tradespeople, and both fame and money to the ecclesiastics. Against one side of the church, and directly connected with it, was built a two-storied building, divided into strong cells, in which to this day may be seen the iron rings in the walls and the chains by which many of the insane were confined during the continuance of the nine days' religious ceremony alluded to.

When at last these cells would hold no more it became the custom to quarter the natural overflow in the neighbors' houses, or when the cases were of a mild nature to leave them at Gheel for further prayers. From the seventh century, probably, or from the twelfth century with certainty, counting from 1340, the date of the completion of the Church of St. Dymphna, up to 1850, the insane were in the charge and under the control of the inhabitants of Gheel.

Villager and priest divided their care and cure between them,—the one in the home life, the other at the altar, while the laws and regulations for their treatment and protection were enacted by the local authorities.

At the beginning of the present century there were about 400 insane at Gheel. The wave of reform on the continent, started by Pinèl in 1792, found no dungeons or restrictions for harmless insane in Gheel, and passed over it without commotion. Gheel was then even, certainly in its treatment of the chronic insane, far in advance of the best results which have yet followed the efforts of the wise and humane Pinèl on the continent, Conolly in England, and their followers elsewhere. Thus Gheel thrived, isolated, obscure, and unconsciously superior; and it was only in 1850 that, in common with all the institutions for the insane in Belgium, Gheel became subject to central governmental control. The new regulations of 1850 provided for medical service. It is a notable and curious fact that up to this comparatively very recent date the insane of the town had never been under any organized medical care. The family life and the *neuvaine* for the restoration of reason were the predominant principles involved, and even now these two elements retain much of their former importance.

We now see how spontaneously has sprung up the "family system," that curious domestic mixture of the sane and the insane that has made Gheel a wonder and an anomaly. And no less natural and spontaneous were the further steps (*a*) of liberty to the insane person of wandering about the town at will with merely that general supervision of parent to child; (*b*) of responsibility of each family for the one or two patients in their charge; (*c*) of participation of the insane person, as far as his mental and physical strength allowed, in the general affairs of the household and farm; and finally, (*d*) of the growth of that curious sentiment in

the breasts of the villagers which causes them to regard the care of the insane in much the same light as a mother regards the care of a child.

The Gheel of to-day, then, is the product of tradition, superstition, religion, and long custom, into which have been grafted only within thirty years a medical service and certain restrictions as to the non-reception of furious and dangerous patients. Gheel was not born fully equipped for its work as it now is—it grew. What in the middle ages and earlier was a sequence to religious observances, developed later into a permanent method of taking care of the insane. What at first was accidental became an established institution, owing little in its main elements to modern additions.

With this historical preface in hand, I am sure that my readers will accompany me in a visit to Gheel, more understandingly, and with more brevity of description on my part, than would otherwise have been possible.

It was a long pilgrimage to Gheel in the old time to invoke the aid of St. Dymphna. To-day patient or visitor steps into the train at Antwerp and reaches Gheel in an hour.

During the last summer I visited Gheel twice. Some years ago it was necessary to take a somewhat tiresome journey by diligence, but a railroad now passes the town. The train, as on all Belgian roads, glides across the country smoothly and noiselessly as compared with our American lines. The first part of the way is over a flat and fertile land, along which are scattered at irregular intervals little hamlets, one much like another, with its low one-storied houses, thatched and covered with red tiles. Long rows of tall and slender poplars stretched off to great distances and marked the position of narrow lanes or equally narrow and paved highways. The ground is cut into sections by varieties of tillage, but no fences are to be seen. Every scrap of

land is cultivated. Here and there a windmill and herds of Dutch cattle completed the lowland picture. Peasants, men and women alike, were in the fields at work in the fresh morning air. But the aspect of the country changes after the first half of the way is travelled. Stretches of land and gravelly knolls replace the garden lands. Beech and pine and oak appear instead of the poplar. One wonders how St. Dymphna found her way into this uninviting country.

Upon arriving at the station on my last visit, the station-master provided a brisk little Flamand lad to act as guide, for it was necessary to find a hotel, as well also as the distinguished medical director of the colony, Dr. Peeters, to whom I had letters of introduction.

In some way I had formed the impression that Gheel was a rustic village, but on the contrary, I found a large town, with long and paved streets and well-built and solid houses, in many instances one against the other, as in cities, or built on small plots of ground with garden in front and rear. There was no bustle, neither was there silence. Things appeared much as elsewhere in towns—here and there a passer by—here or there a wagon or two-wheeled cart. Where, then, were the lunatics? Nothing at first sight betrayed their presence. I put this question to my guide, who replied, "Oh, we shall meet them everywhere." We were then passing the large church of St. Amand. "There," he said, "on the steps beneath the shade of the church, is one, tending a baby." I walked up to a healthy-looking young woman, who was carefully holding a chubby child, perhaps eight months old. "I am the Saint Virgin," she said, in answer to my inquiries. "This is Julie's child, who lives around the corner." Julie, it seems, was the *nourrière* or guardian with whom this patient was placed.

Later I found that it was not at all uncommon to trust children to the care of the patients, and no accident has

ever happened. Speaking of this incident to Julie, the mother of the child, she said: "Ah, but I wouldn't let this woman (her second patient, for most families have two) tend the children." Long acquaintance with the insane, and the results of generations of inherited devotion to their care, make clever alienists of the Gheelites, it seems.

Still on our way to the hotel we met a very polite young gentleman sauntering along, smoking his pipe and listening to a hand-organ. "Good morning," I ventured; "Good morning," he replied graciously. "You find Gheel very agreeable?" I continued. "Oh, yes," he said. "I am here on a visit learning the Flamand language; I am a gentleman of leisure." A little further along a woman stood with her face to the wall of a house, talking to herself, with many gestures; people passed and repassed without seeming to be aware of her presence or her acts.

An idiot boy came hurrying along with meat in a butcher's basket on his arm. It seems he lived with a butcher.

It was quite true, as my little guide had said, we could meet the insane everywhere; but as nobody paid any special attention to them it required some little care to pick them out from the sane. However, I had seen enough to satisfy me that I had arrived in the capital city of the insane, and I hastened my steps involuntarily to begin a nearer examination of its peculiarities. From the little hotel of "Het Lamb" to the infirmary where resided Dr. Peeters, the medical director of the colony, the way was short. Dr. Peeters has always a cordial welcome for all students of the Gheel system. On the register in his office were the names of many alienists known to fame, particularly from England, and in his library were shelves of books upon the subject of Gheel alone. Under his guidance I at once proceeded to examine the "Gheel system."

GHEEL.

Gheel is a commune in Belgium, situated about twenty-four miles to the northwest of Antwerp. Its inhabitants are Flamands, made up of an early mixture of Germans and Gauls. It has no special industry, but the population is principally occupied in agricultural pursuits, domestic lace-making, and caring for the insane. Frugal and industrious, their wants are few, their lives calm. While there are few rich, neither are there many poor. Too practical to be far behind the times, Gheel is at the same time too isolated to be stirred with much of the world's bustle.

The inhabitants are almost entirely centered in the large town of Gheel, though a certain number are scattered in the outlying hamlets situated within a radius perhaps of a mile. Most of the farm-hands among the insane live at these hamlets. The population is 12,000, and there are about 2,000 domiciles of which nearly 1,000 receive insane patients.

The insane population of the town is steadily increasing. In 1868, it was 1,035; in 1869, 1,072; in 1870, 1,095; in 1871, 1,127; in 1873, 1,230; in 1874, 1,272; in 1876, 1,383; and finally in this year, 1880, about 1,600. Of this latter number about 1,400 are Belgian; the rest are Hollanders, Germans, French and English. Of the total, about two hundred are paying patients; the rest are paupers.

In general all classes of insane are received at Gheel excepting such as require continual restraint, or those who are suicidal, homicidal, or incendiary. The discretionary power as to what patient may be rejected as an unfit subject for residence in the town is lodged with the medical inspector.

We have already traced the birth of the "Gheel idea" into the far past, and commented upon its religious origin, and we have noted also that its organized medical service was of very recent date—only so late as 1851.

This new medical service formed but a small part of a grand alteration in the internal management of the commune, as regards its insane, initiated in 1850 upon the recommendation of a commission* which had been appointed in 1841 to examine into the condition of all the Belgian establishments for the insane. The royal decree of 1850, and a special decree regarding Gheel in 1851, placed Gheel in common with all the other establishments under central government control. These decrees provided not only for a medical service, but what is important to note, this service was to be entirely distinct from the general administration and subordinate to it.

ADMINISTRATION.

The administration rests in the hands of a "superior commission," composed 1st, of the governor of the province, or his delegate; 2d, of the attorney-general; 3d, of the judge of the canton; 4th, of a physician appointed by the government; 5th, of the burgomaster of the commune; and 6th, of five members nominated annually by the minister of justice.

Added to this commission is a secretary, at a salary of 550 francs per annum, whose functions are extensive and important. He makes the reports, conducts the correspondence, has charge of all that concerns the receiving of money from the friends of patients or authorities, and the disbursing of these funds to the village nourriciers, has charge of the books and is steward to the central infirmary. He is of course a resident of the town. Other communes or asylums having twenty-five or more patients at Gheel may be represented in the commission by a delegate. The medical inspector may also be present, having, however, only a consulting voice.

* Appointed in 1841 by the Belgian Government to examine the condition of the insane in Belgium. The report of M. Ducpétiaux, inspector-general of prisons and charitable institutions, formed the basis of the present laws in force at Gheel regarding the insane.

The commission meets once each three months at Gheel, and makes a general inspection of all the branches and all the details relating to the care of the insane, making, after each visit a report to the Minister of Justice upon the condition of the town, as well as annually a more complete report in which it points out necessary ameliorations and reforms. It also decides upon the list of *nourriciers* authorized to receive the insane.

The real working portion of this commission, however, is its "permanent committee," composed of the five members and citizens already referred to, and presided over by the burgomaster or mayor. Its meetings are held once a week. Its special office is to place the patients in their village homes, consulting at the same time the medical inspector or the section physicians. It furthermore receives and expends, through its secretary, the money for the support of the insane, watches over their interests, keeps an eye upon the *nourriciers* and the hosts, and sees that the laws and regulations are carried out.

The secretary must visit daily some portion or another of the colony and make a monthly report to the committee.

NOURRICIERS AND HOSTS.

As we have said those villagers who wish to receive the insane into their families must be registered on the list authorized by the permanent committee. Those who receive paying patients are termed hosts; those who receive paupers are termed *nourriciers* or nurses. Both are required to furnish evidence of good moral character, of attention to their duties, healthy and abundant food and sufficient room for the patients they are to receive. No host or *nourricier* is permitted to receive more than two patients. I found in no house in Gheel more than this number under a single roof.

The *nourricier* or host has the special guardianship and

direct surveillance of the insane patient placed in his care, and is moreover responsible for any damage which his charge may commit. If his patient escapes, the expense of his capture and return must be defrayed by him.

A multitude of minor regulations prescribe the amount and character of food supplied, the size of the rooms occupied, the ventilation, the single occupancy of a room, the covering on the floor, the articles of bed furniture, and the clothing.

Lastly, the insane thus placed with a host or *nourricier* may be employed in work that is suitable to their strength and abilities, or in occupations which serve to engage their attention, without in any case, however, being overworked or wearied. This permission may be withdrawn at any moment if the privilege it accords is abused. Care is taken to place patients in families corresponding to their former condition in life,—some with the peasants on the farms, some with mechanics, others with the small shop people or well-to-do residents. With rich and poor alike at Gheel it is an honor and a duty to have at least one patient in charge.

As a further protection to the interests of the insane there are four "section guards;" one at the infirmary, and the other three in charge, respectively, of the three sections into which the town is divided. Their duties are to walk about their sections continually, enter houses unexpectedly, see that the patient is not overworked, observe his mental condition, and make a daily report to the medical inspector or to a section physician.

MEDICAL SERVICE.

The medical service of Gheel is under the charge of a medical inspector. At present this office is held by the very earnest and able Dr. Peeters, who is efficiently carrying out the methods pursued by Dr. Bulkens, his only predecessor, now deceased.

Dr. Peeters' headquarters are at the infirmary, and owing to the careful regulations which provide, in the person of the secretary of the superior commission, for a steward or business manager who shall look after the money affairs, food, bedding, washing, lighting, fuel, etc., he is able to give his time strictly to the pursuit of medical subjects.

He is aided by three physicians, who have charge of three separate sections into which, for convenience of attendance, the town is divided. These physicians reside in their sections and are engaged in the general practice of medicine in the town. Each section physician visits the curable patients in his district at least once a week, the incurables once a month, and additionally whenever he is summoned by those having the patient in charge. He makes a monthly report to the medical inspector who, in time, makes his report to the superior commission. His prescriptions are filled at a fixed rate by pharmacutists living in the same district.

The physician's visit is entered in a book kept by the nourricier or host.

I examined many of these books in making my rounds of the town, and believe that the medical treatment of the insane is admirably organized and carried out.

The medical inspector himself must visit patients if asked to do so, and must, in any event, have visited every patient in the commune at least twice in the year.

. THE INFIRMARY.

The infirmary, erected soon after the decrees of 1850, is a fine building which, in the main features of its construction, does not differ from the usual plan of closed asylums, and it is not, therefore, necessary to describe it. The object for which it was built and for which it is now used is, however, vastly different from that of the usual asylum. It is, as its name indicates, an infirmary or hospital. It is

not the centre around which a colony is located ; it is simply an adjunct. Its purpose is to afford the usual hospital treatment to patients attacked with incidental diseases, to care for the very infirm, and to take a brief charge of cases that suddenly develop a condition of excitement which requires, for short periods, continuous and special watchfulness and restraint.

The patients' stay in the building is expected to be temporary.

The general management of the infirmary is under the control, first, of the permanent committee, whose secretary is at the same time the steward ; and second, of the medical inspector. Here, then, we have at once a medical officer and a lay officer or business manager, who together perform the duties which in our American system of asylum management are vested in a single person, viz., the superintendent.

On the occasion of my last visit there were sixteen women and twenty-one men out of a total of 1603 in the town, at the infirmary. There was no restraint employed with these patients, beyond the fact that they were not allowed to leave the courtyard and the building. A half dozen "sisters" from a special order, called Norbertines, act as nurses.

THE INSANE IN THEIR HOMES.

Furnished by Dr. Peeters with a section guard who spoke French (most of the villagers speak Flemish), I started out to spend the day in looking about the town. I have already alluded to meeting patients about the streets pursuing various avocations or simply strolling about. This experience became too common finally to attract much attention. It is evident from what I have previously said that this liberty, at first sight apparently almost unbounded, is hedged round by carefully considered restrictions, and that the security of the inhabitants, apparently imperilled, is equally

secured by systematic care and watchfulness. Not only is each patient cared for by his own particular village guardian, but additionally the whole community coöperatively act as voluntary guardians, not only to themselves against improper acts of the insane, but also to the insane person himself against maltreatment by any single household. In a community where nothing is concealed, abuses are not likely to thrive. Public opinion and open dealing are the patients' safeguards. And to this traditional relation between villager and patient we must add the surveillance guided by careful legal enactments and conducted by regularly appointed officers.

In the face of such facts, a superintendent of an American insane asylum,* who is among the very few American medical visitors to Gheel besides myself who has written anything upon the subject, thus sums up his views upon this point. "A few of the manifest defects of the system are the absence of medical care," * * * * "and the almost unlimited opportunity for the abuse of patients," etc., etc. Abuse of patients is simply impossible at Gheel, while from a therapeutic point of view, the retreat to the infirmary, the medical inspector and the section physicians adequately supply all the treatment necessary. It must be remembered that since the duties of these physicians are simply medical, they find, as I have already remarked, more time at their disposal than is possible in our mixed system where the superintendent is also business manager and steward.

Moreover, the "free air," the home life, the household occupations or employment on the farms, are more than an offset for the rules, discipline, military order or enforced inactivity of the best-equipped closed asylum in the world.

* In a pamphlet entitled "The Insane Colony at Gheel," by A.M. Shew, M. D., Superintendent, Hospital for the Insane, Middletown, Conn. Reprinted from the *American Jour. of Insanity*, for July, 1879.

If the question between the Gheel system and a closed asylum were one of comparison of the best methods of curing insanity by early treatment, the question of a hospital treatment would be an important one. But this is not the case.

It is simply a question in Dr. Shew's criticism between the curative effects of the ordinary American asylum, used as a place of custody or simple residence for the most part, as compared on the other hand with Gheel. I have no doubts from this point of view that the prospects of recovery for the patient at Gheel are vastly superior to the prospect in the closed asylums of any country.

A peculiar classification of the insane, which serves as a basis upon which payment is made to the *nourricier* or guardian, exists at Gheel.

This classification, as ludicrous as unscientific, seems to have had its origin in the simple sense of the people, who measured their services by the amount of trouble occasioned them in keeping their charges clean. The insane are divided into, 1st, the "dirty;" 2d, the "half-dirty," and, 3d, the "clean." *

For the first class is paid about 19 cents a day; for the second, about 18 cents a day, and for the third, about 16 cents a day.

It is somewhat curious to see how this sum is distributed. It is, in the case of the clean, as follows: $1\frac{1}{2}$ cents for medical service, $\frac{1}{2}$ of a cent for medicine, about 11 cents for food, 2 cents for clothes, $\frac{2}{3}$ of a cent for the bed, $\frac{1}{2}$ of a cent for surveillance, and $\frac{2}{3}$ of a cent for administration. Of the 16 cents, the *nourricier* receives about 12 cents; for the "half-dirty" he gets 14 cents; for the "dirty," 15 cents.

This daily rate is lower than that existing in any asylum or other institution for the insane in Belgium. It is paid,

* Gateux, semi-gateux, propres.

in the case of the paupers, by their respective communes or by the central government.

Selecting one of the large main streets of the town, my guide and I entered almost every house. We first visited some of the paying patients. In a fine, large, and well-furnished two-storied house had lived an Englishman for eight years. He paid \$600 a year. A French prince, lately arrived, paid the same. In a neighboring house was a Dutch student, with his classics scattered on the table; in another, a rich Dutch farmer. They were cases of chronic insanity, subject to exacerbations, which required great care.

But my interests were rather with the less exceptional cases, and I passed on to the ordinary homes of the village. These, as a rule, are but one story in height, and roofed with tiles. They presented an air of comfort and neatness; if there was no luxury, neither was there squalor; they were simply and usefully furnished, the floors clean, the cupboard full of polished pewter and brass and a modicum of crockery; a Dutch clock and the ever-present crucifix and highly-colored prints of the Virgin and child were the only ornaments. To each house is attached a garden. I carefully inspected in every house the rooms in which the patients slept, for I had read that "the sleeping accommodations are often provided in garrets, lofts, and out-of-the-way nooks and corners."* In every instance the sleeping-room was as provided by law, with at least a surface of 6 metres square and provided with a window. It was clean, and contained a good bed.

A little book kept by each *nourricier* gave the record of the name, age, etc., of the patient, the garments received from the infirmary, the number of visits made by the section physician and the medical inspector, as well as notes on special acts of boarders.

* Dr. A. M. Shew. *Op. cit.*, p. 5.

A few instances of households, just as I found them, will answer for samples of all in the town. There are two patients, it will be remembered, in each.

In the first was an old woman, industriously engaged in peeling potatoes. She had lived with the same family for 40 years. The other boarder sat at the front door knitting.

In a second house a strong and healthy-looking woman sat preparing turnips for boiling, while her companion lunatic was engaged in general housework.

In a third house one again was knitting; the other could not be induced to work; her principal occupation was to tear things.

In a fourth house was a middle-aged woman tending the child of her *nourricier*, and a second patient knitting.

In a fifth house one was polishing the stove, and was much amused at being caught with black hands; her companion was useless, and merely sat, refusing to take part in work.

In a sixth house was but one patient, an idiot boy of perhaps 10 years of age. The fine, fresh-looking, and elderly woman who took care of him was as fond of him as if he had been her own child. Though he had epileptic fits and was "dirty," she had his crib drawn up beside her own bed, in order to look more carefully after him during the night.

In a seventh house were two idiots.

In an eighth, occupied by a shoemaker, were two more, who seemed, while taking part in the work, to be of more trouble than assistance.

In a ninth was a case of chronic mania and an epileptic. The woman *nourricier* lived quite alone with these two. The price received for their care, \$73 each, was her only means of support.

In a tenth house were two who would not work or assist in anything. The price paid for each was \$50.

In only one instance did I find a patient in restraint. He was a strong man in charge of a woman by no means masculine, whose husband was in the fields. Finding that her charge was breaking and tearing every object in his reach, she had, with the permission of the section physician, put him in a camisole.

A couple of cases from Dr. Peeters' records* will illustrate very vividly the nature of many others met with :

A patient named Virginia A., number 6746 on the register, had been a year at the asylum Sainté-Anne-les-Courtrai. She entered the infirmary at Gheel on May 14, 1880, and presented at this date all the symptoms of intense mania. She was constantly in movement, ran about the court-yard, and accosted every one. She talked unceasingly and with ease, but what she said was incoherent and confused. She would frequently scream, sing, commit extravagant acts, tear her clothing, or pick the coverings of her bed. She did not sleep at all.

On May 19th the patient was placed in charge of a peasant guardian living in a quiet locality some distance from the town. The instructions were: gentle supervision, protection from all causes of excitement, occupation in household affairs and out-of-doors. At the end of three weeks one would scarcely believe that they beheld the same patient, for she had entirely recovered. Fearing a return of an excitement which had so suddenly disappeared, we did not dare sign a certificate allowing of her departure until the 27th of the month. But the cure remained permanent, and the patient returned to her own home on October 2d.

A patient named Mary V., number 6094 on the register, suffering from delirious melancholy. Energetic moral and other treatment, and the devoted attentions of the "sisters" did not succeed in modifying her condition. She spent the day in lamentation, saw the preparations for the frightful punishment which she believed she would be obliged to suffer, and slept neither day nor night.

* Translated from *Lettres Médicales sur Gheel*, etc., seconde lettre, p. 29, by Dr. J. H. Peeters, Médecin Inspecteur, Sept., 1880.

She was entrusted to an intelligent and devoted nourricier, who lived on the farms, with instructions to exercise proper supervision and kindness, to make her life as calm as possible, to provide proper occupation for her, and to look after the regularity of the excretions. Mary V. was scarcely installed in her new home before her condition modified favorably. Her delirium became somewhat less active. She mourned less, and soon took part in the household labor with the wife and daughters of her guardian. Her appetite became excellent, her sleep normal, and she increased in flesh. This improvement developed at the end of four months into a permanent cure. Before leaving, the patient came to thank us, and when I congratulated her on her rapid and complete cure, she replied: "I would never, I believe, have recovered at the infirmary. The presence of the other patients fed my delirium and my unrest. As soon as I had entered into the calm and happy home of nourricier G. I felt my senses grow clearer and my heart encouraged."

One is surprised to find that escapes are unfrequent; they range from seven to twelve annually; the patient is always quickly caught and returned.

Acts of violence are likewise, compared to the population, very rare. But three instances of the latter are known: one a homicide in 1840; the second and third, injuries inflicted by farm implements, and not fatal or indeed in the last instance severe. Three suicides have occurred since 1875, a number not relatively large.

Offences against morality, or the occurrence of pregnancy, are also almost unknown. The "confusion of the sexes," so often urged as an objection to the Gheel system, leads to no unfortunate results. In a half century scarcely a half dozen instances of pregnancy among patients have occurred.*

THE HAMLETS.

Leaving the town by any of its principal thoroughfares, one is, in a twenty minutes' walk, out in the open country. Here in every direction are scattered the farmers' homes in

* *Lettres Médicales sur Gheel*, etc., by Dr. J. H. Peeters, Gheel, 1879.

little clusters of houses, numbering from three to ten. These houses are not as well kept as the houses in town, but I saw no evidences of discomfort. That "the hamlets were low" and sometimes "dark" was sometimes true, sometimes not; also that they were "destitute of wooden floors, and covered with thatched roofs;" this description would apply to the abodes of most of the peasantry on the Continent, but that they were "damp" I did not discover. Most of these houses were divided into four rooms: a kitchen, a sitting-room, and two chambers; on the end was a continuation occupied by the cattle, and connecting by a door into the kitchen. This seemed to me the most unpleasant feature in their construction. But that "all the peasantry had the old worn look that is produced by overwork and underfeeding"* was totally contrary to what I saw.

I have never seen better specimens of fine physical health than among these peasant people, with their bright glowing complexions and rounded figures. Certainly, taken as a whole, they would compare favorably with the generality of peasantry.

There were many idiots scattered among the farmers, many dements, and cases of chronic mania and epilepsy. In case a patient becomes too much excited and unmanageable he is taken to the infirmary. The average price paid here is about \$63 a year. Those who were at work seemed to work willingly.

One saw on every hand evidences of at least complaisant labor on the part of the insane, and kindness toward them on the part of the sane. We would meet, for instance, an insane man wheeling a barrow of potatoes across the field, full of interest in his task, while a peasant woman who was his *nourricier* followed along after; or again, a peasant

* Dr. Shew, *op. cit.*

woman coming in from the fields with a barrow full of vegetables, with an idiot child of fifteen mounted on top, whom she was wheeling because the child was weary of walking.

Everything showed care and kindness on the part of the peasant attendants. To look after their charges seemed to be a settled part of their daily lives. There was nothing perfunctory in the services they rendered or exacted.

It is exceedingly difficult to represent in statistic form the curative value of the Gheel treatment, for the reason that the proportion of incurables admitted to Gheel is larger than in any of the closed asylums with whom comparisons must be instituted.

For instance, in 1879, of 313 patients admitted 73 were received from other Belgian asylums, of whom 71 were absolutely incurable. Under such conditions it would be obviously unjust to reckon the percentage of cures in the usual manner. Reckoned thus for the years 1853 to 1870, the proportion of cures was 24 per cent.*

On the other hand, basing his figures upon an enumeration of those cases which he considered from the first curable, Dr. Bulkens estimated the proportion of cures as from 79 to 89 per cent.

The question of proportion of cures as between the Gheel system and the closed asylums has been much discussed; and there is nothing satisfactory to be derived from the discussion. We will therefore leave the subject here.

I have said enough to indicate in a somewhat minute manner the main characteristics of Gheel. They are, comparative freedom, occupation, and the family life. We have walked about a town where the insane live with the sane and work with them in their homes and on their

* 3,021 entries, 724 cures or ameliorations. Dr. Peeters.

farms, eat with them at their tables, act sometimes as nurses to their children, and where they go about at will. And we have seen no excitement, commotion or disorder.

The picture is unlike anything to be seen in America or elsewhere in Europe, and therefore valuable for its contrasts and its suggestions. It is unusual to see the insane living their lives in natural surroundings.

Gheel in its entirety is probably an ideal which can never be repeated by any other nation, for the simple reason that there is but one village of Gheel, removed from the world's traffic and turmoil, where the inhabitants, by reason of centuries of inheritance, have learned a patience sublime in its simplicity, a tact in management born only of affectionate regard for their charges, and an absence of timidity impossible to realize until witnessed. There are services and solitudes which money cannot buy, and these we find at Gheel.

But though the "Gheel idea," *i. e.*, the "family system," consisting of a large number of families who would receive into their midst a thousand or more insane, may not be repeatable, the essence of this idea, *i. e.*, a large and reasonable liberty, healthful and sufficient employment, and accustomed and congenial surroundings, is repeatable; but not, certainly, in any of our great asylum buildings. Gheel teaches us the possibilities that exist in the treatment of the insane. It shows us that the insane will work cheerfully if well managed, and that they may be trusted, under proper precautions, with great liberty and not abuse it. It teaches us, moreover, how woefully wide our advanced civilization is from the mark it might attain to in the treatment of insanity.